PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 AU6 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where apply further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 05179 05/26/2004 7590 PEACOCK MYERS AND ADAMS P C Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. P O BOX 26927 ALBUQUERQUE, NM 871256927 (Depositor's name) Stephen **B**lusher (Signature) (Date 2004 FIRST NAMED INVENTOR APPLICATION NO. FILING DATE ATTORNEY DOCKET NO. CONFIRMATION NO. Christine H. Blood 10/040,547 01/04/2002 70025-04-CIP 3786 TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR TREATMENT OF SEXUAL DYSFUNCTION **PUBLICATION FEE** APPLN. TYPE SMALL ENTITY ISSUE FEE TOTAL FEE(S) DUE DATE DUE YES \$300 08/26/2004 nonprovisional \$665 \$965 **EXAMINER** ART UNIT CLASS-SUBCLASS KAM, CHIH MIN 1653 514-009000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the Stephen A. Slusher names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single $\ensuremath{\square}$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Peacock, Myers & Adams, P.C. firm (having as a member a registered attorney or

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will be printed.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

agent) and the names of up to 2 registered patent

attorneys or agents. If no name is listed, no name

Palatin Technologies, Inc.

 $\ \Box$ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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	O.	canbary,	HEM DETRE	Y		
Please check the appropriate assignee category or categ	ories (will not be printed on the patent);	☐ individu	al 🗴 corporation	or other private group entity	☐ government	
4a. The following fee(s) are enclosed:	4b. Payment of Fec(s):	:				
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PTO/SB/17 (10-03)
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TO A NO	CRAITTAL	Complete if Known				
TRADE FEE TRANS	DIVITIAL	Application Number	10/040,547			
for FY		Filing Date	January 4, 2002 BLOOD, Christine H.			
Effective 10/01/2003, Patent fees are		First Named Inventor				
		Examiner Name	KAM, Chih Min			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1653			
TOTAL AMOUNT OF PAYMENT	(\$) 995.00	Attorney Docket No.	70025-04-CIP			

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METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
Check Credit card Money Other None			3. ADDITIONAL FEES					
Deposit Account:	- 15	_		Small -		1		
Deposit 42.4042		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Pald	
Account Number 13–4213		1051	130	2051	65			
Deposit Account Peacock, Myers & Adams, P.C.		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
Name The Director is sutherized to: (check all that apply)		1053	130	1053	130	Non-English specification		
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayment	ıts	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)			920*	1804	920*	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee		1805	1.840*	1805	1.840*	Requesting publication of SIR after		
to the above-identified deposit account.					.,	Examiner action		
FEE CALCULATION		1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	1	1252	420	2252	210			
Large Entity Small Entity		1253	950	2253		Extension for reply within third month		
Fee Fee Fee Fee Pee Pee Pee Pee Pee Pee		1254	1,480	2254	740			
1001 770 2001 385 Utility filing fee	¬1`	1255	2,010	2255	1,005	Extension for reply within fifth month		
1002 340 2002 170 Design filing fee	-11	1401	330	2401	165	Notice of Appeal		
1003 530 2003 265 Plant filing fee	1 1.	1402	330	2402	165	Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee		1403	290	2403	145	Request for oral hearing		
1005 160 2005 80 Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (\$)	٦I ·	1452	110	2452	55	Petition to revive - unavoidable		
		1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISS		1501		2501	665	Utility issue fee (or reissue)	965.00	
Extra Claims below Fee P		1502	480	2502		Design issue fee		
Total Claims X = X = X	╡ :	1503	640	2503		Plant issue fee		
Claims ^ ^	≓ I	1460	130	1460	130	Petitions to the Commissioner		
Multiple Dependent		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1	1806	180	1806		Submission of Information Disclosure Stmt		
Code (\$)	- 1	8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3		1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))		
1203 290 2203 145 Multiple dependent claim, if not pa		1810	770	2810	385	For each additional invention to be		
1204 86 2204 43 ** Reissue independent claims						examined (37 CFR 1.129(b))		
over original patent		1801	770	2801	385			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1802	900	1802	900	Request for expedited examination of a design application		
			ee (sp	ecify) _	800	1 Patent print fees (10)	30.00	
SUBTOTAL (2) **or number previously paid, if greater; For Reissues, see above			ced by	Basic F	iling F	ee Paid SUBTOTAL (3) (\$) 995.	00	
				(Complete (if applicable))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name (Print/Type) SLUSHER, Stephen A.			egistrat ttomev/	ion No.	43,	964 Telephone (505) 998-1500		

July 29, 2004 Date Signature WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/040,547
Filing Date	January 4, 2002
First Named Inventor	Christine Blood
Group Art Unit	1653
Examiner Name	KAM, Chih Min
Attorney Docket Number	70025-04-CIP

Jul 29, 2004

							
		ENCLOSURES (chec	k all that apply)				
Fee Transmittal For	m	Assignment Papers (for an Application)	After Allowance Communication to Group				
Fee Attached	t	Drawing(s)	Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply	,	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final	4	Petition	Proprietary Information				
Affidavits/de	daration(s)	Petition to Convert to a Provisional Application	Status Letter				
Extension of Time R	; Request	Power of Attorney, Revocation Change of Correspondence Address	Other Enclosure(s) (please identify below):				
		Terminal Disclaimer	isominy solomy.				
Express Abandonment Request		Request for Refund					
Information Disclosure Statement		CD, Number of CD(s)					
Certified Copy of Priority Document(s)		Remarks					
Response to Missing Parts/ Incomplete Application		Issue Fee Part "B" Transmittal for confirmation #6283					
Response to Missing Parts		Post Card return receipt					
under 37 CF	R 1.52 or 1.53						
	SIGNATU	JRE OF APPLICANT, ATTORNEY, OF	RAGENT				
Firm or Stephen A. Slusher PEACOCK, MYERS & ADAMS, P.C.							
Signature	59 () L						
Date	July 29, 2004						
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Typed or printed name	Stephen A.	Slusher					

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Date